

that such State applied as of May 31, 2018; or”.

The Acting CHAIR. Pursuant to House Resolution 949, the gentleman from Oregon (Mr. WALDEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Oregon.

Mr. WALDEN. Mr. Chairman, I appreciate all the work that has been done on this bill up to this point, the great bipartisan work, the biggest effort, I think, Congress has ever undertaken to address this terrible, terrible addiction problem of opioids and everything related to it.

This amendment before us is a bipartisan manager's amendment. It is filed by chairmen and ranking members of the Committees on Energy and Commerce and Ways and Means. This amendment makes simple technical corrections and conforming changes to the underlying H.R. 6 bill that the leaders of our two committees introduced last week.

As has been noted, the policies in H.R. 6 were moved through regular order in our two committees. I appreciate the bipartisan cooperation and teamwork of my colleagues and our terrific staffs who have joined me in introducing H.R. 6.

Mr. Chair, I encourage support of the amendment, and I urge adoption of the amendment.

Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Oregon (Mr. WALDEN).

The amendment was agreed to.

The Acting CHAIR. The Committee will rise informally.

The SPEAKER pro tempore (Mr. MARSHALL) assumed the chair.

MESSAGES FROM THE PRESIDENT

Messages in writing from the President of the United States were communicated to the House by Ms. Gabrielle Cuccia, one of his secretaries.

The SPEAKER pro tempore. The Committee will resume its sitting.

SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT

The Committee resumed its sitting.

AMENDMENT NO. 2 OFFERED BY MR. DUNN

The Acting CHAIR (Mr. POE of Texas). It is now in order to consider amendment No. 2 printed in part B of House Report 115-766.

Mr. DUNN. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 93, strike lines 18 through 22 and insert the following:

(2) in subclause (II), by striking “during the period beginning on the date of enactment of the Comprehensive Addiction and Recovery Act of 2016 and ending on October 1, 2021,”.

Page 93, strike line 23 and all that follows through page 94, line 17.

Page 94, line 18, strike “(e)” and insert “(c)”.

The Acting CHAIR. Pursuant to House Resolution 949, the gentleman from Florida (Mr. DUNN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. DUNN. Mr. Chair, I rise in support of my amendment to H.R. 6. I am grateful for the opportunity to speak about it.

My amendment strikes language that would expand the classes of healthcare workers who would be authorized to dispense narcotics for narcotic treatment.

Let me be clear at the outset. H.R. 6 is, in large part, a great bill; however, as currently written, it allows nurse specialists, nurse midwives, and nurse anesthetists to prescribe buprenorphine. I believe this is a significant and impulsive expansion of prescribing authority.

Allowing more providers with less clinical experience to provide buprenorphine, a highly addictive opioid, opens up dangerous new potential for increased opioid abuse. The point of H.R. 6 is to decrease opioid abuse, but this provision increases the potential for abuse and vastly increases the supply of a dangerous opioid that is one of the major causes of opioid overdose and death in Europe.

Mr. Chair, I appreciate the opportunity to bring these concerns to light in this amendment.

Mr. Chair, I include in the RECORD a letter in support of my amendment from The OTP Consortium.

THE OTP CONSORTIUM,
June 19, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.

Hon. FRANK PALLONE, Jr.,
Ranking Member, Committee on Energy and
Commerce, House of Representatives, Wash-
ington, DC.

Hon. RICHARD NEAL,
Ranking Member, Committee on Ways and
Means, House of Representatives, Wash-
ington, DC.

DEAR CHAIRMEN WALDEN AND BRADY AND RANKING MEMBERS PALLONE AND NEAL: On behalf of the Opioid Treatment Program (OTP) Consortium we would like to offer our support for H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. In particular, we strongly support Section 207 which would provide Medicare beneficiaries with life-saving Medication-Assisted Treatment (MAT) for opioid use disorder (OUD) in the highly-effective OTP setting. This policy was introduced by Ranking Member Neal and Congressman George Holding as part of H.R. 5776, the Medicare and Opioid Safe Treatment (MOST) Act of 2018. The OTP Consor-

tium is comprised of nearly 350 OTPs across the country that provide care to more than 140,000 patients daily in 37 states, including at our 22 facilities in Massachusetts, 16 facilities in Texas, nine facilities in Oregon, and two facilities in New Jersey.

OTPs are highly-regulated, highly-structured, comprehensive treatment programs that provide MAT—which the National Institutes of Health states is the most effective solution to treat OUD. OTPs are the only provider where patients are guaranteed to receive MAT—including individual and group counseling, random toxicology screens, medication, and other supportive services such as case management, primary care, mental health services, HIV and Hepatitis C testing and more.

Medicare beneficiaries have the highest and fastest growing rate of OUD, yet they do not currently have coverage for the most effective form of treatment—H.R. 6 provides such coverage. More than 300,000 Medicare beneficiaries have been diagnosed with OUD—your legislation could end up saving their lives and many more. Medicare hospitalizations due to complications caused by opioid abuse or misuse increased 10% every year from 1993 to 2012—your bill would help reverse this alarming trend.

We do, however, have concerns about the policies contained in Section 303. While we are pleased that the 275-patient threshold was not codified, we do not support expanding or making permanent buprenorphine prescribing authority to non-physician providers before policymakers can fully analyze the data resulting from the critical questions asked in subsection (e). Americans need effective treatment and decades of evidence and outcomes show that medication simply assists the other treatment interventions. Medication should never be the sole aspect of treating SUD—thus the term Medication-Assisted Treatment. Office-based practices that focus on medication alone run the risk of becoming the next-generation pill mill. We hope that Congress will revisit office-based buprenorphine prescribing thresholds once this quality assessment has been completed and it can be determined whether or not patients are indeed truly receiving MAT in these settings. Improving access to buprenorphine is important, but it must be paired with the evidence-based MAT services that are proven to lead to recovery.

We support H.R. 6 and stand ready to work with you see that this critical Medicare OTP benefit is signed into law, without delay.

Sincerely,

PETER MORRIS,
Division President,
Acadia Healthcare.

ALEX DODD,
CEO, Aegis Treatment
Centers, LLC.

DAVID WHITE, PH.D.,
CEO, BayMark Health
Service.

JAY HIGHAM,
CEO, Behavioral
Health Group.

JOHN STEINBRUN,
CEO, New Season.

Mr. DUNN. Mr. Chair, I reserve the balance of my time.

Mr. WALDEN. Mr. Chair, I claim time in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I certainly appreciate Dr. DUNN and the good work that he has done on many of these issues, and I also appreciate his willingness to withdraw his amendment.